

**INSTRUCTIONS TO AGENCY:** Send a copy of this answer within 30 days to the claimant and a copy to the Board of Claims. KRS 44.086(1), revised by the 1978 General Assembly, requires agency answers to be factual and specific.

CLAIM NO: \_\_\_\_\_

Name of Claimant:\_\_\_\_\_

Name of State Agency:\_\_\_\_\_

Date of Answer:\_\_\_\_\_

**AGENCY'S ANSWER TO CLAIMANT  
AND BOARD OF CLAIMS**

\_\_\_\_\_1. This agency has investigated this claim, and I recommend that the Board order that \$\_\_\_\_\_be paid to the claimant. The claimant has stated the pertinent facts correctly. The damage claimed was caused by negligence on the part of this agency or its employee(s).

\_\_\_\_\_2. This agency has investigated this claim. I recommend that the claim not be paid and that the Board dismiss the claim. The facts of the incident are substantially as stated by the claimant, but the damage that occurred was not caused by negligence on the part of the State, this agency, or any State employee. Instead, our investigation shows that the damage was caused by

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\_\_\_\_\_

\_\_\_\_\_3. This agency has investigated this claim. I recommend that the claim not be paid and that the Board dismiss the claim. Our investigation finds that whatever damage the claimant may have sustained in the incident was due to negligence on the part of the claimant. The negligence on the claimant's part was

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\_\_\_\_\_4. This agency has investigated this claim. I recommend that the claim not be paid and that the Board dismiss the claim. Our agency’s investigation shows that the facts are substantially not as stated by the claimant but, instead, are as follows:

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\_\_\_\_\_5. This agency has made every reasonable effort to investigate this claim but we are unable to do so. Here are the efforts we have made, and here is what prevents us from finding out about this claim:

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\_\_\_\_\_6. Other (Be factual) \_\_\_\_\_

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*I certify that a copy hereof was mailed this \_\_\_\_\_day of\_\_\_\_\_,20\_\_\_\_to\_\_\_\_\_*

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**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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*and the original to the Board of Claims, 130 Brighton Park Boulevard, Frankfort, KY 40601.*

**Date:** \_\_\_\_\_, **Attorney**

**Attach Additional pages if needed.**